

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 339701

1. Corporation Name

Boone Sign Erection and Service Inc.

2. Principal Office Address - No P.O. Box #

28 W. Michigan St.

Suite, Apt. #, etc.

3. Mailing Office Address

28 W. Michigan St.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32806

Country

Orange

Zip

32806

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

12-31-1968

5. FEI Number

591226483

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert D. Boone

Street Address (P.O. Box Number is Not Acceptable)

4408 Seils Way

Suite, Apt. #, Etc.

0

City

Orlando

State

FL

Zip Code

32806

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Robert D. Boone

Date 2-23-11

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Robert D. Boone	4408 Seils Way	Orlando, FL 32812
PT	Robert D. Boone	4408 Seils Way	Orlando, FL 32812
SD	Jeannette Evans	801 E. Michigan	Orlando, FL 32806
			10-11
			REINSTATEMENT
			B 2/28/11

10. E-mail Address: boone signservice@aol.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Robert D. Boone Robert D. Boone

2-23-11 407-277-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

* Reinstatement Fee \$1600.00
Fee 2010 150.00
5 2011 150.00